

## **WORKFORCE RESTRUCTURING PLAN- BENEFITS 2023**

The following information is a general outline of the benefits available under the Reduction of Force (ROF) for Hanford Employee Welfare Trust (HEWT) qualified participants. This information is not intended, nor should it be construed, to modify or replace in any manner the provisions within the related plans or Summary Plan Descriptions. Should there be differences between the information in this document and the information in the related plans or Summary Plan Descriptions, the provisions of the related plans or Summary Plan Descriptions in force at the time will take precedence. **All coverages and associated costs described herein are subject to change.**

### **Insurance**

If you are eligible for coverage, you may elect to continue many of the insurance coverages you have in effect at the time you receive layoff notification. Regarding medical insurances, you may have the following options dependent upon your individual eligibility:

- Displaced Worker Medical Benefits (DWMB)
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Post-Retirement Medical Benefits (PRMB)
- or termination of medical coverage

You may not add or increase coverage at the time of your layoff; however, medical/vision and dental may be changed during subsequent annual enrollment periods. Plans are described in more detail in the Benefits Summary Plan Descriptions.

At the time of exit, you will be asked to elect or decline Displaced Worker Medical Benefits. After your decision, you will be contacted by HealthEquity, the COBRA/Displaced Worker Medical Benefit third party administrator. HealthEquity will provide you with a packet including current election options and costs to continue any enrollment(s). It is your responsibility to follow the instructions provided by HealthEquity to ensure continued coverage. The HealthEquity guidance will instruct you to provide your first premium payment. Please note: there are no exceptions to these requirements.

### **Displaced Worker Medical Benefits (DWMB)**

If you are eligible for coverage under the Workforce Restructuring Plan for the Hanford Site (December 2014), Displaced Worker Medical Benefits Provision, medical/vision coverage for you and your eligible dependents can be continued for a maximum of three years. The first year is at the contribution rate you would pay as an active employee.

**NOTE: If you are eligible for coverage under another plan, Displaced Worker Medical Benefits are not available to you. *Post-Retirement Medical under the HEWT is considered another plan.*** The extended coverage described below exceeds the requirements under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

#### **Monthly Contribution Rates for employees as of January 1, 2023 are:**

Level of Coverage	United Healthcare PPO	Kaiser Permanente POS	Kaiser Permanente QHD
Individual Only	\$442.58	\$169.94	\$122.11
Individual + 1	\$856.55	\$310.98	\$223.45
Individual + > 1	\$1,241.03	\$521.72	\$374.88

### **DWMB beyond the First Year**

#### **Second Year**

Medical/Vision:

50 percent of COBRA rate

**Third Year- coverage ends after 36 months**

Medical/Vision: 100 percent of COBRA rate

**Dental  
Coverage**

You may be eligible to elect to continue dental coverage at the full COBRA rate for yourself and your currently enrolled, eligible dependents.

**Monthly COBRA rates for Dental, effective January 1, 2023 are:**

Level of Coverage	Delta Dental of Washington	Willamette Dental
Individual Only	\$50.29	\$52.22
Individual + 1	\$100.73	\$104.65
Individual + > 1	\$188.75	\$196.10

**Post-Retirement  
Medical Benefits  
(PRMB)**

If you were hired before January 1, 2004, and you are at least 55 with a minimum of 10 vesting years on your last day of work, and you are enrolled in HEWT-sponsored medical and life insurance plans, you may be eligible for the following:

- ✓ Post-retirement Medical and applicable Life Insurance coverage (PRMB). However, elections must be made immediately at the time of your layoff.

The Post-retirement Medical Insurance is considered another plan, therefore, those eligible **are not** eligible for ROF/DWMB insurance coverage for Medical or Life Insurance.

**LIFE INSURANCE**

**Basic Life  
Insurance/  
Accidental Death  
Dismemberment**

You may elect to continue Basic Life Insurance/Accidental Death and Dismemberment for up to one year by paying the required premium.

**Dependent Life  
Insurance**

You may elect to continue Dependent Life Insurance coverage for your eligible dependents for up to one year by paying the required premium.

**Personal  
Accident  
Insurance**

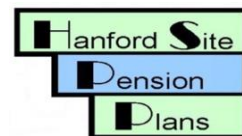
You may elect to continue Personal Accident Insurance (PAI) coverage for yourself or you and your family for up to one year by paying the required premium.

**HEWT  
Group Universal  
Life Insurance**

To continue your Group Universal Life (GUL) Personal Plans® Insurance coverage and the cash accumulation account, contact **Group Universal Life at (800) 642-5726**.

**Life Insurance  
Conversion**

If you are enrolled in any of the Life Insurance options above and would like to continue past the 12 months through a conversion policy, please contact Benefits Administration for further information on (509) 376-6962 or via email at [Benefits-HEWT@rl.gov](mailto:Benefits-HEWT@rl.gov).



### **Flexible Spending Accounts**

Flexible Spending Accounts (FSA) are active through your last working day. Services for which you claim reimbursement from your account must be provided through your last working day for Healthcare. The account may be extended on an after-tax basis only through COBRA.

Health Care: You do not need to reimburse any payments that have already been made from your account, even if the amount exceeds the amount you have actually contributed this calendar year.

Dependent Care: Upon receipt of your layoff letter, you may cancel your account by completion of an FSA Application. Send a written request to HMIS – Benefits Administration, Post Office Box 943, H2-23, Richland, Washington 99352, or e-mail: [Benefits-HEWT@rl.gov](mailto:Benefits-HEWT@rl.gov)

### **Hanford Site Savings Plans 401(k) and 401(a)**

If you are a participant in the Hanford Site Savings Plans, your savings accounts are 100 percent vested. You may take a total distribution, or you may leave your accounts in the Plan.

If you have an outstanding loan, you may continue loan payments for up to one year, and then the loan must be repaid in full. Loan balances will default at 90 days if no payments are made.

After one year, if the value of your account is \$1,000 or less, you must take a total distribution. If the balance of your account is greater than \$1,000, you may leave your money in the Plan. Withdrawals from your account are limited to a single total distribution; partial withdrawals are not allowed.

Contact Vanguard at (800) 523-1188, or [www.vanguard.com](http://www.vanguard.com) regarding your account or for additional savings plan and loan payment continuation information. The Hanford Site Plan numbers are:

- HGU Plan #093231
- HAMTC Plan #093233
- O&E Plan #093232

### **Hanford Site Pension Plans**

If you are a participant in the Hanford Site Pension Plans, you are 100 percent vested with three vesting years. Your vested pension payment will be determined in accordance with provisions of the pension plan. General provisions are:

- ✓ Federal regulations governing multi-employer pension plan provisions and eligibility for distribution requires termination from employment covered under the Plan. In some instances, working for an employer that is in the same control group of a Plan Sponsor may preclude he/she from being eligible for a distribution.
- ✓ If the present value of your vested pension is \$1,000 or less, you will receive a lump sum payment. If the present value is greater than \$1,000, you have the option of a lump sum payment or you may elect a monthly annuity at any time following termination from the "employer relationship." The lump sum represents the present value of the normal form of benefit, payable at age 65.

This option may be distributed directly to you (with applicable tax and penalty), or rolled over to an IRA or another qualified plan.

- ✓ If benefits commence prior to age 65, the amount will be reduced according to your age when pension payments begin. If you are retirement-eligible (at least age 55 and at least ten years vesting service) on your last day of work, there is no reduction to your monthly pension annuity if you are age 60 or older. The present value lump sum payment, however, is calculated with reductions from age 65. The multi-employer regulations apply to retirement-eligible pension plan participants, as well as terminated-vested participants.

If you wish to receive a distribution of your pension benefits, please contact HMIS – Benefits Administration, PO Box 943, H2-23, Richland, WA 99352, or e-mail: [Benefits-HEWT@rl.gov](mailto:Benefits-HEWT@rl.gov).

## **HEWT Severance Pay**

Under the Severance Pay Plan, employees with at least one year of service are eligible to receive one week of base pay per year of credited service, up to a maximum of 20 weeks. Severance pay will be calculated using the base salary or wage in effect on the date of the layoff. **For those employees on part-time status at the time of layoff, severance pay will be calculated at a reduced rate** based on the number of hours specified for their approved work schedule. Employees with less than 20 years of service and greater than one year of service will be entitled to a partial accrual for a partial year of service equal to one quarter-week of pay for each three months of service up to the date of layoff.

Examples:

- An employee with 13 years, 3 months and 5 days of service when laid off, and a base pay rate of \$1,000 per week, will receive severance pay of 13 1/4 weeks or \$13,250.
- An employee with 24 years, 9 months and 6 days of service when laid off, and a base pay rate of \$500 per week, will receive the maximum of 20 weeks of severance pay or \$10,000.

An employee has the option of receiving their severance payment in a lump sum at the time of layoff or delaying receipt of severance payment for a period of six months. (Unless this is a closeout office layoff, then no delay)

## **Employee Assistance Program**

The following provided Employee Assistance Program (EAP) services will continue for up to one year. Contact information, <http://www.liveandworkwell.com> or (800) 788-5614 or (866) 216-9926 (TDD) HEWT Access Code: 702633

## **Unemployment Insurance**

The State Employment Security Department is responsible for determination of eligibility for unemployment insurance benefits. If you have questions, contact the local **Employment Security office at (800) 362-4636 or <https://www.esd.wa.gov>**.

## **Re-employment Assistance**

**WorkSource Columbia Basin** is located at:

815 North Kellogg Street, Suite D  
Kennewick, Washington 99336  
Phone: (509) 734-5900  
TDD: (509) 734-5956

## 2023 HEWT COBRA Monthly Rates

<b>Medical/Vision – For ALL HEWT Employees</b>			
<b>Level of Coverage</b>	<b>United Healthcare PPO</b>	<b>Kaiser Permanente POS</b>	<b>Kaiser Permanente QHD</b>
Individual Only	\$1,880.96	\$722.26	\$518.97
Individual + 1	\$3,640.34	\$1,321.67	\$949.65
Individual + > 1	\$5,274.38	\$2,217.35	\$1,593.22

<b>Dental – For ALL HEWT Employees</b>		
<b>Level of Coverage</b>	<b>Delta Dental</b>	<b>Willamette Dental</b>
Individual Only	\$50.29	\$52.22
Individual + 1	\$100.73	\$104.65
Individual + > 1	\$188.75	\$196.10